AMOUNT \$	BOND NO:
DEBT COLLECTOR / REPOSSE	ESSION BOND (CONTINUOUS)
KNOW ALL PERSONS BY THESE PRESENTS THAT	
State of, doing busine: (Street address and City/Town) (State) as Principal, and	(Formal business name of applicant) in the County of,
State of, doing busine	ss as
a bonding company duly organized and existing under the and being duly qualified to transact business in the State of the Superintendent of the Bureau of Consumer Credit Pr persons who may have a cause of action against	Maine, as Surety, are holden and stand firmly bound unto otection of the State of Maine, for use of any person or st the obligors of this bond in the just sum of dollars (\$), to be paid to the said
ourselves, our respective heirs, executors, administrators, s	
The Condition of this Obligation is such, that the above-bothe State of Maine for a debt collector/repossession licer 11001 to 11054, and is required by the provisions of that law	nse under the provisions of Title 32, M.R.S.A., Sections
Now, therefore, if the said above-named principal shall, wit and pay to its customers the net proceeds due and payak deliver all repossessed property, and shall strictly, hones including Title 32, M.R.S.A., Sections 11001 to 11054, and hereafter enacted and all rules and regulations in effect or be void, otherwise to remain in full force and effect.	ole of all collections made during said calendar month, or stly and faithfully comply with all provisions of state law all amendments thereof and supplemental thereto, now or
This bond shall cover all claims collected, property converte initial effective date of this bond, but the aggregate liable the bond shall in no event exceed the above principal amount	oility of the surety for any and all claims which arise under
This bond is a continuous bond, and shall remain in full f current license period <i>and for any renewals thereof.</i> The si 30 days' written notice, certified mail, receipt requested, to Consumer Credit Protection of the State of Maine.	urety may be relieved of future liability hereunder by giving
This bond is effective	

PRINCIPAL MUST SIGN AND SIGNATURE MUST BE ACKNOWLEDGED AND THIS BOND MUST BE SIGNED BY THE SURETY (SEE NEXT PAGE)

Dated:			Principal (Applicant)
		D	
		Ву:	
		Title	e/Capacity:
		ACKNOWLEDGMENT BY PR	RINCIPAL (APPLICANT)
STATE	E OF		
	County of	SS.	
	On this a r	day of notary public in and for the County a	, before me, nd State aforesaid, residing therein, duly commissioned
and sv is subs	vorn, personally apscribed to the with	ppeared in instrument, and acknowledged that	, known to me to be the person whose name he/she executed the same.
certific	IN WITNESS Wate first above wri	-	and and affixed my official seal, the day and year in this
(Seal)			Notary Public
		SIGNATURE OF SURETY (BONDING COMPANY)
Dated:			
			Name of Surety (Bonding Company)
			By:
			Title/Capacity
		ACKNOWLEDGMEN	IT BY SURETY
STATE	E OF		
	County of	SS.	
sworn.	On this, a nota	day of ary public in and for the County and S ared	before me, State aforesaid, residing therein, duly commissioned and known to me to be the person whose name is
subscr	ribed to the within	instrument, and acknowledged that h	known to me to be the person whose name is e/she executed the same.
certific	IN WITNESS W ate first above wri		and and affixed my official seal, the day and year in this
(Seal)			
			Notary Public